

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

07 APR -9 11:08

B14
NDM

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Botti	Richard	C	808-479-7966
MAILING ADDRESS (Street)			FAX
P.O. Box 385757			808-883-1424
(City)	(State)	(Zip Code)	
Waikoloa	HI	96738	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
LEGISLATIVE INFORMATION SERVICES OF HI., INC.(LISH)			808-533-6750
MAILING ADDRESS (Street)			FAX
820 Mililani St., Suite 810			808-599-2606
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

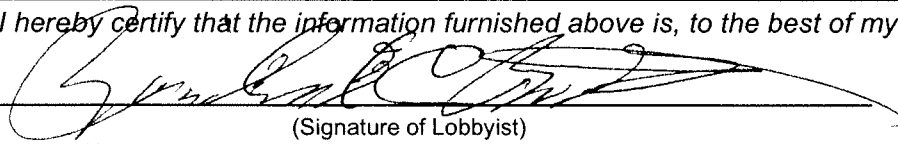
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Consumer Healthcare Products Association			202-429-9260
MAILING ADDRESS (Street)			FAX
900 19th St., NW, Suite 700			202-223-6835
(City)	(State)	(Zip Code)	
Washington	DC	20006	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kevin J. Kraushaar			202-429-9260
MAILING ADDRESS (Street)			FAX
900 19th St., NW, Suite 700			202-223-6835
(City)	(State)	(Zip Code)	
Washington	DC	20006	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

3-25-07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kevin J. Kraushaar	Vice Pres., Government Relations

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Consumer Healthcare Products Association	202-429-9260

MAILING ADDRESS (Street)	FAX
900 19th St., NW, Suite 700	202-223-6835

(City)	(State)	(Zip Code)
Washington	DC	20006

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

3/12/07
(Date)